



New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Invoice

Date	Invoice #
2/6/2012	204247

Bill To
BKC PAIN SPECIALISTS,LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: RHONDA BYERLY

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	Net 30	JK	2/6/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80			20.00	800.00
1	Shipping Charges	MG/ML INJECTABLE, 5ML			20.00	20.00
THANK YOU FOR YOUR ORDER!!!					Total	\$820.00
PLEASE PLACE INVOICE NUMBER ON PAYMENT					Credits	\$-820.00
					Balance Due	\$0.00



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Packing Slip

Date	Invoice #
2/6/2012	204247

Ship To BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. No.	Ship	Via	FOB	Project
	2/6/2012	FEDEX		

Quantity	Item Code	Description
40 1	METHYL 80/5 PF Shipping Charges	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT



697 Waverly Street, Framingham MA 01702

800.994.6322, 508.820.0606.

FAX 888.820.0583 or 508.820.1616

DATE: 2-6-12

FACILITY: BKC Pain Specialists LLC.

PHONE NUMBER: (740) 387-7246

ADDRESS: 1065 Delaware Ave. Ste. A. Manassas, H. 43302 P.O. #:

We must have Facility name & address to process your prescription order – *Thank you.*

[illegible]

Physician's Name/Signature: Nikesh Badra MD

DEA Number: BB7730953

Verification: Institutional Agent: _____ NECC Agent: _____

Date: 2-6-12 Time:

Y113006

0900904900

P.01/01

TRANSACTION REPORT

FEB/06/2012/MON 09:07 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
	FEB/06	09:06AM	18888200583	0:00:40	1	MEMORY OK	ECM 4313

PHYSICIAN Batra **PROCEDURE LOG**

DATE

Redacted
Redacted
Redacted
Redacted
Redacted
Redacted
Redacted
Redacted
Redacted
Redacted

PATIENT NAME	PROCEDURE	STAFF	MRADCM2
[Redacted]	Cauda #1	4.5	
[Redacted]	C-RF #1		
[Redacted]	Comb #2		
[Redacted]	SJT #3		
[Redacted]	Comb #1		
[Redacted]	SJT #2		
[Redacted]	Cauda #2		
[Redacted]	T/L #3		
[Redacted]	T/F #3		

PROCEDURE LOG

PHYSICIAN Katabay

DATE: _____

PATIENT NAME	PROCEDURE	STAFF	MRADCM2	F
Redacted	T/L #1	4/5		
Redacted	SIT #2			
Redacted	SIT #2			
Redacted	SIT #2			
Redacted	T/L #2			
Redacted	SIT #3			
Redacted	T/L #2			
Redacted	SIT #1			
Redacted	Lmbb #1			
Redacted	P-EST #3			
Redacted	Lmbb #2			
Redacted	Pancreatic Cancer			
Redacted	Lmbb #1			
Redacted	L-RE #2			
Redacted	T/L #2			
Redacted	SIT #1			
Redacted	T/L #2			
Redacted	T/L #2			
Redacted	CMB #2			
Redacted	SIT #1			
Redacted	Cmbb #2			
Redacted	Lmbb #2			
Redacted	Lmbb #2			
Redacted	L-RE #2			
Redacted	Lmbb #1			
Redacted	T/L #2			
Redacted	Cmbb #1			
Redacted	Cmbb #2			
Redacted	LSB #1			
Redacted	SIT #3			
Redacted	C-EST #2			

1. Dr. Batra
2. Dr. Katabay
3. Dr. Chowdhury
4. Lindsey Lovett
5. Kellie Jo Bell

6. Jennifer Landon
7. Rhonda Byerly
8. Tim Thacker, CRNA
9. _____
10. _____

0900904900

P.01/01

TRANSACTION REPORT

MAR/19/2012/MON 01:30 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
	MAR/19	01:29PM	18888200583	0:00:58	3	MEMORY OK	ECM 5376

New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

03/19/2012

SALE

Total: \$820.00

Mastercard

REDACTED

Exp. Date:

xx / xx

Name:

BKC PAIN SPECIALISTS,LLC

Auth. Code:

519101

Trans. ID:

MC0088269765

QuickBooks Trans. No:

Merchant No.:

6247710000930545

Thank you for your business

CUSTOMER COPY

BKC-00038



New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Invoice

Date	Invoice #
3/19/2012	209133

Bill To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: RHONDA BYERLY

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. Number	Terms	Rep	Shlp	Via	F.O.B.	Account#
	Net 30	JK	3/19/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80			20.00	800.00
1	Shipping Charges	MG/ML INJECTABLE, 5ML			20.00	20.00
!!!THANK YOU FOR YOUR ORDER!!!						Total \$820.00
PLEASE PLACE INVOICE NUMBER ON PAYMENT						Credits \$-820.00
						Balance Due \$0.00



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Packing Slip

Date	Invoice #
3/19/2012	209133

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. No.		Ship	Via	FOB	Project
		3/19/2012	FEDEX		
Quantity	Item Code	Description			
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, SML			
1	Shipping Charges				

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

PROCEDURE LOG

PHYSICIAN Batra

DATE

Redacted

Redacted

Redacted

Redacted

Redacted

Redacted

Redacted

Redacted

Redacted

PATIENT NAME	PROCEDURE	STAFF	MRADCM2
[REDACTED]	Amida #1	4.5	
[REDACTED]	C-RF #1		
[REDACTED]	Ambs #2		
[REDACTED]	SIJ #3		
[REDACTED]	Ambs #1		
[REDACTED]	SIJ #2		
[REDACTED]	Amida #2		
[REDACTED]	T/L #3		
[REDACTED]	T/L #3		

PROCEDURE LOG

PHYSICIAN Katabay

DATE: _____

PATIENT NAME	PROCEDURE	STAFF	MRADCM2	F
Redacted	T/L #1	4, 5		
Redacted	SIT #2			
Redacted	SIT #2			
Redacted	SIT #2			
Redacted	T/F #2			
Redacted	SIT #2			
Redacted	T/L #2			
Redacted	SIT #1			
Redacted	Lmbb #1			
Redacted	P-EST #3			
Redacted	Lmbb #2			
Redacted	Rameta Cooper			
Redacted	Cmbb #1			
Redacted	L-RF #2			
Redacted	T/L #2			
Redacted	SIT #1			
Redacted	T/L #2			
Redacted	T/L #2			
Redacted	CMBF #2			
Redacted	SIT #1			
Redacted	Cmbb #2			
Redacted	Lmbb #2			
Redacted	Lmbb #2			
Redacted	L-RF #2			
Redacted	Lmbb #1			
Redacted	T/L #2			
Redacted	Cmbb #1			
Redacted	Cmbb #2			
Redacted	LSB #1			
Redacted	SIT #3			
Redacted	C-PSI #2			

1. Dr. Batra
2. Dr. Katabay
3. Dr. Chowdhury
4. Lindsey Lovett
5. Kellie Jo Bell

6. Jennifer Landon
7. Rhonda Byerly
8. Tim Thacker, CRNA
9. _____
10. _____

0900904900

P.01/01

TRANSACTION REPORT

APR/25/2012/WED 08:15 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
1	APR/25	08:14AM	18888200583	0:01:04	3	MEMORY OK	BCM 6274



New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Packing Slip

Date	Invoice #
4/25/2012	213287

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

	P.O. No.	Ship	Via	FOB	Project
		4/25/2012	FEDEX		
Quantity	Item Code	Description			
40 1	METHYL 80/5 PF Shipping Charges	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML			
!!!THANK YOU FOR YOUR ORDER!!!					
PLEASE PLACE INVOICE NUMBER ON PAYMENT					

DATE: 5-29-12

697 Waverly Street, Birmingham MA 01702
800.994.6322, 508.820.0606,
FAX 888.820.0583 or 508.820.1616

From which

FACILITY: BKC Pain Specialists LLC.

PHONE NUMBER: (714) 387-7246

ADDRESS: 1065 Delaware Ave. Ste. A Harlan, IA 43302 P.O. #:

We must have Facility name & address to process your prescription order - *Thank you.*

[illegible]

Physician's Name/Signature: Vikesh Bhatta

Verification: Institutional Agent

NECC Agent

DEA Number: BB7730953

Date: 5-29-12 Time: 10:45am

V113006

Contact Name: Lindsey

PHYSICIAN Katabay

PROCED.

PATIENT NAME	PROCEDURE	S
Redacted	SIJ#1	1
Redacted	SIJ#3	
Redacted	T/L#3	
Redacted	L-RF#1	
Redacted	SIJ#2	
Redacted	LSB#6	
Redacted	SIJ#3	
Redacted	SIJ#3	
Redacted	L-RF#2	
Redacted	T/L#3	
Redacted	SIJ#2	
Redacted	SIJ#3	
Redacted	Piriformis#3	
Redacted	SIJ#1	
Redacted	LSBB#1	
Redacted	Caudal #3	
Redacted	L-RF#1	
Redacted	CESI#1	
Redacted	T/L#3	
Redacted	T/L#3	
Redacted	ORF#2	
Redacted	SIJ#2	
Redacted	SIJ#3	
Redacted	T/L#2	
Redacted	LSBB#1	
Redacted	ORF#2	
Redacted	LSBB#1	
Redacted	T/L#1	
Redacted	SIJ#1	
Redacted	T/F#3	
Redacted	LSBB#1	
Redacted	T/F#2	
Redacted	T/L#3	

1. Dr. Batra 6
2. Dr. Katabay 7
3. Dr. Chowdhury 8
4. Lindsey Lovett 9
5. Kellie Jo Bell 11

PROCED

PHYSICIAN Batra

PATIENT NAME	PROCEDURE
Redacted	SGR#3
Redacted	Caudo#3
Redacted	SIT#1
Redacted	SIT#3
Redacted	SIT#3 T#2
Redacted	SIT#1
Redacted	SIT#3
Redacted	Caudo#3
Redacted	SIT#1
Redacted	SIT#2
Redacted	SIT#2
Redacted	SIT#2
Redacted	T/F#1
Redacted	SIT#2
Redacted	L-RF#1
Redacted	SIT#1
Redacted	Lmbb#1
Redacted	5 Cmbb#2
Redacted	SIT#2
Redacted	LSB#1
Redacted	L-RF#1
Redacted	Caudo#1
Redacted	Lmbb#2
Redacted	Caudo#1
Redacted	SIT#2
Redacted	Cmbb#2
Redacted	T/L#2
Redacted	Cmbb#2
Redacted	SIT#2
Redacted	C-FSE#1
Redacted	T/L#3
Redacted	Caudo#1
Redacted	T/L#1

1. Dr. Batra
2. Dr. Katabay
3. Dr. Chowdhury
4. Lindsey Lovett
5. Kellie Jo Bell

PROCED

PHYSICIAN Katabay

PATIENT NAME	PROCEDURE
Redacted	L-RF#2
Redacted	SIT#2
Redacted	T/L#2
Redacted	Lmbb#1
Redacted	L-RF#2
Redacted	T/L#1
Redacted	T/L#1
Redacted	L-RF#2
Redacted	T/L#2
Redacted	SIT#2
Redacted	T/L#1
Redacted	Lmbb#2
Redacted	Lmbb#2
Redacted	C-RF#1
Redacted	SIT#2
Redacted	T/L#2
Redacted	SIT#2
Redacted	SIT#2
Redacted	SIT#2
Redacted	SIT#2
Redacted	RF#2
Redacted	Lmbb#2
Redacted	(R) Knee
Redacted	T/L#2
Redacted	T/L#2
Redacted	SIT#2
Redacted	Lmbb#2
Redacted	SIT#3
Redacted	Lmbb#2
Redacted	T/L#1
Redacted	Lmbb#2
Redacted	L-RF#1
Redacted	T/L#1
Redacted	L-RF

1. Dr. Batra
2. Dr. Katabay
3. Dr. Chowdhury
4. Lindsey Lovett
5. Kellie Jo Bell

0900904900

P.01/01

TRANSACTION REPORT

MAY/29/2012/TUE 11:00 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
1	MAY/29	10:58AM	18888200583	0:00:57	4	MEMORY OK	SG3 7055



New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Invoice

Date	Invoice #
5/29/2012	216980

Bill To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: RHONDA BYERLY

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	Net 30	JK	5/29/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML			20.00	800.00
1	Shipping Charges				20.00	20.00
!!!THANK YOU FOR YOUR ORDER!!!					Total	\$820.00
PLEASE PLACE INVOICE NUMBER ON PAYMENT					Credits	\$0.00
					Balance Due	\$820.00



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Packing Slip

Date	Invoice #
5/29/2012	216980

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. No.		Ship	Via	FOB	Project
		5/29/2012	FEDEX		
Quantity	Item Code	Description			
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML			
1	Shipping Charges				

THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT



To: *Lindsey*

From: Julia Kinkel

Subject: NECC Custom and Backordered Medications

Date: *June 6, 2012*

*Pl. complete & fax back
to 888-800-0583.*

Julia

Julia Kinkel
Regional Account Manager
NECC (New England Compounding Center)
Toll Free Phone: (800) 994-6322 x 2670
Cell Phone: (508) 454-0914
Fax: (508) 820-0583
jkinkel@medicalsalsmgmt.com

0900904900

P.01/01

TRANSACTION REPORT

JUN/06/2012/WED 10:23 AM

FAX(RX)

#	DATE	START T.	SENDER	COM.TIME	PAGE	TYPE/NOTE	FILE
	JUN/06	10:22AM	ECM	0:01:01	2	OK	ECM 7322

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